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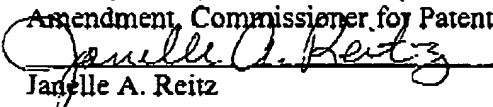
Comments

RE: Patent Application No. 10/696,894
Filing Date: October 30, 2003
Inventor: Gary W. Ramsden
Title: Automated Package Shipping Machine
Confirmation No.: 9250

Please file the attached:
Transmittal Form (1p)
Fee Transmittal (1p)
Patent Application Fee Determination Record (1p)
Amendment (17 pp.)
Four (4) Terminal Disclaimers (4 pp.)

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Doc # CH101 (331235-00021) 50264413v1-03/08/2005/T.mc 13 26

PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/696,894
Filing Date	October 30, 2003
First Named Inventor	Gary W. Ramsden
Art Unit	3629
Examiner Name	Cosimano, Edward R
Attorney Docket Number	331235-00021

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer (4) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Patent Application Fee Determination Record
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Katten Muchin Zavis Rosenman		
Signature	<i>John S. Panagias</i>		
Printed name	John S. Panagias		
Date	March 8, 2005	Reg No	31,051

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Signature	<i>Janelle A. Reitz</i>		
Typed or printed name	Janelle A. Reitz	Date	3-8-05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public when it is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04-2)

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Effective on 12/08/2004
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☒ Applicant claims small entity status See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**Complete if Known**

Application Number	10/696,894
Filing Date	October 30, 2003
First Named Inventor	Gary W. Ramsden
Examiner Name	Cosmano, Edward R.
Art Unit	3629
Attorney Docket No.	331235-00021

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number 50-1214 Deposit Account Name Katten Muchin

For the above-identified deposit account, the Director is hereby authorized to, (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total Claims**Extra Claims****Fee (\$)****Fees Paid (\$)**

- 20 or MP =

x

=

=

MP = highest number of total claims paid for, if greater than 20

Indep. Claims**Extra Claims****Fee (\$)****Fees Paid (\$)**

- 3 or MP =

x

=

=

MP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets**Extra Sheets****Number of each additional 50 or fraction thereof****Fee (\$)****Fees Paid (\$)**

- 100 =

/ 50 =

(round up to a whole number) x

=

=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)Other (e.g., late filing surcharge): Terminal Disclaimers (4)\$260.00**SUBMITTED BY**

Signature	<i>John S. Paniagua</i>	Registration No. (Attorney/Agent)	31,051	Telephone (312) 902-5200
Name (Print/Type)	John S. Paniagua	Date	March 8, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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